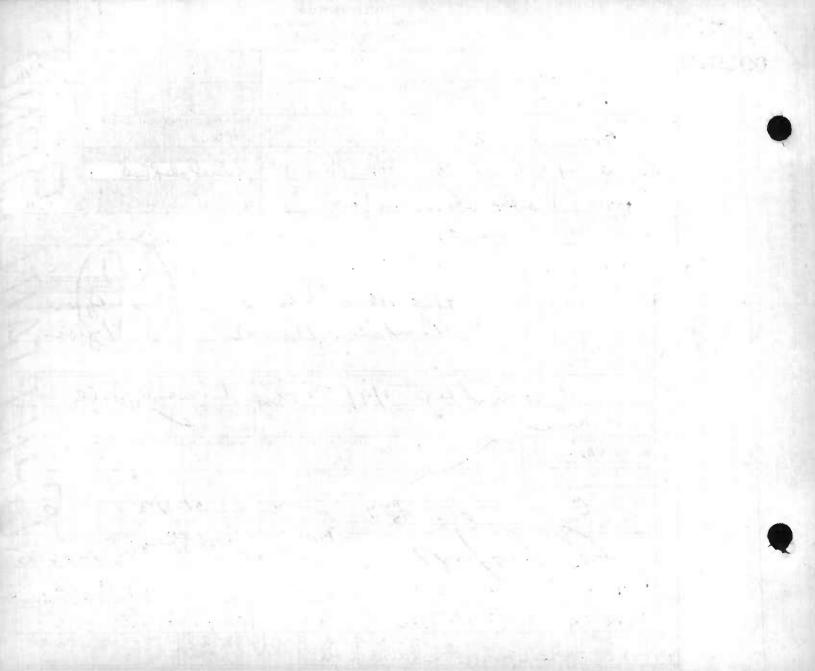
15	FOR STATE REGISTRAL	FVFI	YN ALCORN	DEPARTMENT OF	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE 8	5	08	581
092018	1. DECEASED NAME (TYPE OR PRINT)		MIDDLE		ALCORN	20. DATE OF I	REG. NO. DEATH MONTH	DAY YEAR	26. HOUR 5-AM
	1 SEX 7a. BIRTHPLACE	FEMALE	Caucasi Th Citizen OF WHAT CO				RS LAST BIRTHDAY) 67 YRS E CITY OR COUN		IF UNDER 24 HRS. HOURS MIN
		sylvania	U-5 F	MARRIE WIDOW	D NEVER MARRIED DIVORCED DR OTHER INSTITUTION	HOW 120. USUAL O	ARD. CL	UNTY 126 KIND O	MD.
t hours-oft thous-oft d be filed of	Columbi USUAL RESIDENCE 130. STATE	E (IE NURSING HOMEO	G B OTHER INSTITUTION, GIVE RESID	MATADOX	13d. INSIDE CITY LIMITS	Scho	or Most de Workend ol Teach		17201
MARYLANC ed within 2- mpletely fill end 2 shoul	Pennsy. FATHER'S NAME FIRST	vania Fr	ranklin Char	mbersburg	YES W NO [] 15. MOTHER'S MAIDEN FIRST ELIZAB	NAME	Highla MIDDIE	KHAKÎ	T .
be execute to non ond columnia for the c	16a WAS DECEAS (YES, NO OR UNK	ED EVER IN U.S. AR	E WAR OR DATES)	10-4751	17. INFORMANT	owberge	ADDRESS	S MATA	dor Rd
1) W. PRESTON ST., BAL. that the death certificate d by the attending physical lease remove corbanizaper iol, cremation, or removal. or other traumatic event, th	Conditions gave rise couse (0	IMMEDIA if any, which to immediate	DUE TO, OR AS A CO	Jepal Providence of Links	single	ine -		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
TTAL RECORDS, 31: The low requires sicon. One has been signe main permit. Then prygiene prior to burn is bows only injury, to	ATIFICATION OF THE DATE OF	OPERATION WAS UNDERLYING	19. CONDITION FO	HICH OPERATIO	NOT RELATED TO THE T	20a. AUTOR	SY? 20 TF N CER	ES, WERE FINDING TIFYING CAUSES	NGS USED
DIVISION OF VITA UDING PHYSICIAN: The or ottending physicic is, After this certificate as the buriol-transit see as the buriol-transit epith and Mental Hygis is marked or them-48 step	OR CONTRIBU	ING TO CAUSE OF DEA TIFY MEDICAL EXAMINER) OCCURRED NOT WHILE AT WORK	HOUR AM. MO P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTOR	NTH DAY YEAR 19 Y RY, OFFICE, FARM, ETC.)	21f. LOCATION STREET		EITY OR TOWN	COUNTY	STATE
TAL OR ATTEN by the hospital RAL DIRECTOR: detached for us state Dept. of He	22h SIGNA	december hive on	ital) attended the decease Italy view the body after dea	4 19 85 , or	d that in my (aur) apin DEGREE ATTENDING PHYSICIAN 122e. ADDRESS	ion death accurred			
O HO TO FU Should With th	LUKE 230. BURIAL, CREA	E. TE	RRYJR M.	D. P.A.	9055 Chel	Profet Dr 123d LOCAT	IVE, Ellic	off City	Md 21043
DHMH - 16 60M 7/73 (VR A 15 (4))	24 FUNERAL DIRE		AL HOME 55	FACCING DDRESS TWIN	SPRING KNELLS EFFO.	Char	GISTRAR 256. REGI	VRG F.	A.



11800 N.H. Ave.,

Md.

Silver Spring,

- STATE

24 FUNERAL DIRECTOR

lines/Rinaldi Funeral Home

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

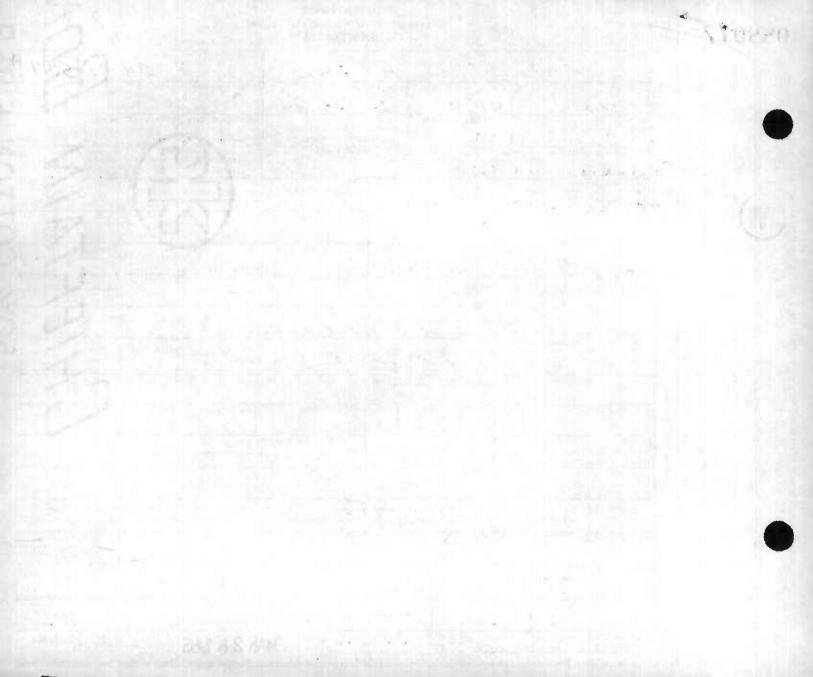
IF UNDER 24 HRS

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STATE

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BY REGISTRAR 256/REGISTRAR'S SIGNATURE



	STATE OF MARYLAND
1 - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH

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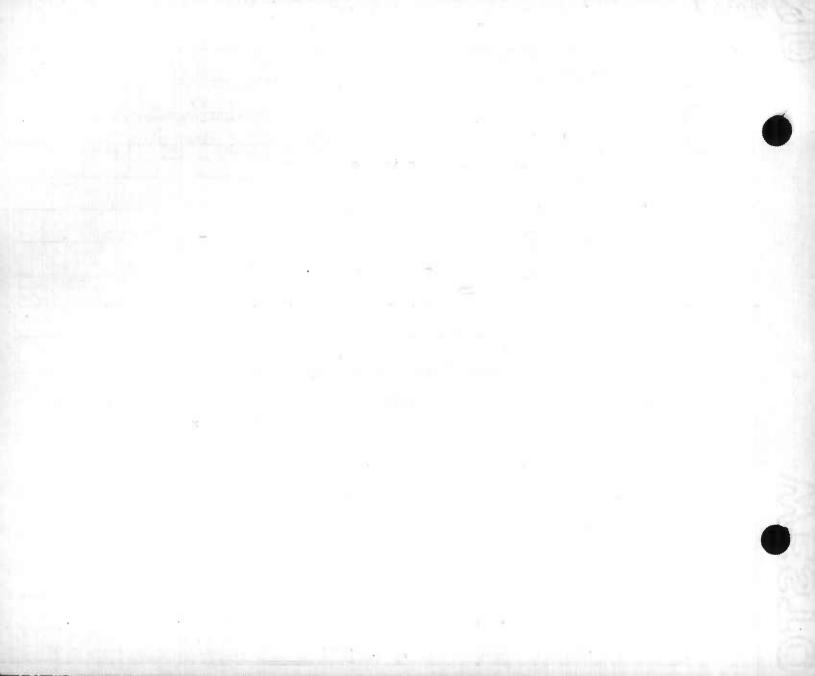
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		CEASED NAME FIRST	1	MIDDLE	LA	ST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
1	1	Donald	J. I	Begeny				3-3-19	985	THE ST
)1	3 SE	X	4 RACE		5. DATE OF		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24
	M	ale	Wh	nite	HTMOM	7 17, 1930	54	MDS	IONTHS DAYS	HOURS
-	7a. BI	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY	OR COUNTY	OF DEATH	
15		Penna	U.S.A.	150		XX NEVER MARRIED		_		
					WIDOWED	OTHER INSTITUTION	HOWA 12a USUAL OCCUPA	rd Coun	12b. KIND O	E DI ICINIEC
20	E	Ellicott City	4029 suc	Crescent	Rd 2	1043	"School" C			
36	USU.	AL RESIDENCE (IF NURSING HOME OR LATE 13b COUN Howa	TY _	GIVE RESIDENCE BEFORE A 13t. CITY OR TOWN Ellico	1	13d. INSIDE CITY LIMITS?	13e STREET ADDRES 4029 Cres		2104	43
30	14 FA	ither's NAME late John Beg	eny	LAST		15. MOTHER'S MAIDEN NAM	Gurësk	0	tas	
	16a V	VAS DECEASED EVER IN U.S. ARA		166 SOCIAL SECURI	ITY NO.	17. INFORMANT	ADD	RESS		
	1	S NO OR UNKNOWN) (# YES, GIVE	WAR OR DATES)	205 22 84	69	Mrs Nancy Be	geny 4029	Cresce	nt Rd :	21043
	TION	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OF	AS A CONSEQUEN	ICE OF	JOT RELATED TO THE TERMI	NAL DISEASE OR CO	ONDITION GIVE		MATE INTERV
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH O	PERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	IGS USED OF DEATH
9		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A./	M. MONTH DAY	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18, PA	RT 1 OR PART 2)	
5	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF WORK	21e PLACE ((AT HOME STR	OF INJURY BET, FACTORY, OFFICE, FARA	RM ETC)	21f. LOCATION STREET	CITY OR	TOWN	COUNTY	STA
			al) attended the	deceased from		10	_, to_		9	hat (I) (w
		22a.1 certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did i		offer death.	ond	that in (my) (our) opinion d				
		saw the deceased alive an obove, (I) (we) (did) (did in 17th SIGNATURE		affecdeath.	- 1	ATTENDING ATTENDING A		date and hour		auses stat
		saw the deceased alive an above, (1) (we) (did) (did) Th SIGNATURE 22d PHYSICIAL NAME (III) MIGUEC		REDIA: 1	- 1	EGREE	eath accurred on the	date and hour	and from the	auses state
	(saw the deceased alive an obove, (I) (we) (did) (did in 17th SIGNATURE	A. HEI	<u> </u>	ME OF CE	ATTENDING PHYSICIAN 77. ADDRESS 443 COMM METERY OR CREMATORY iew Mem. Park	MEDICAL ST DIRECTOR PHYS	AFF SICIAN D	22c. DATE:	souses state

DHMH - 16 50M 1/81 (VRA 15, 4)

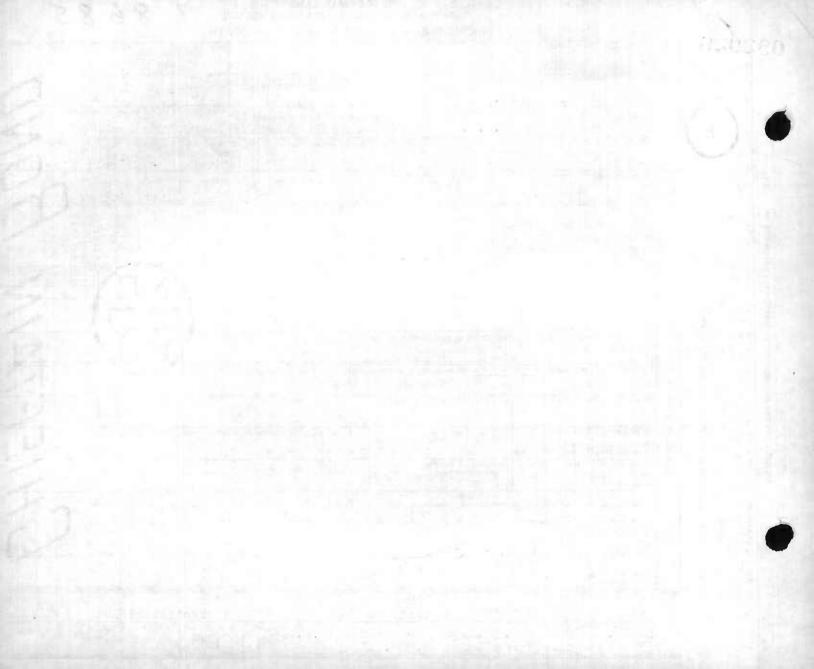
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN 2b HOUR (TYPE OR PRINT) ESTI-ZULA DEATH MATED BROWN 22 19 85 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 19 85 5A M Female White Jan. 3,1910 DEAD 7.5 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY)
North Carolina U.S.A. Howard County DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 28 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS (car) -Oak Mills Shopping Center Columbia Retired - Calvert Distillery SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS2 13e STREET ADDRESS 13c CITY OR TOWN Maryland Howard Columbia YES NOX 9906 Dellwood Avenue 21046 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Robert Althea Vance Angel Angline MAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 7. INFORMANT 9758 Early Spring Way 242-12-3019 No Linda Mason Columbia, Md. 21045 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Strangulation DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PARE 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE CHIEF OR: PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF AND, 21201 PRIOR TO BURIA YES X7 NO T 21a EXTERNAL CAUSE WAS 71b. TIME OF INIURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH P.M. 3-22-1985 Subject strangled 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK Oak Mills Shopping Center (car) Howard Md 22a. I certify that I took charge of the remains described above, held on ond in my opinion Homicide X Notural causes Undetermined monner TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIREI AFTER DEATH, WITI BALTIMORE, MARY TITLE (SPECIFY) SIGNED 3-25-85 M.D Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Balto., Md. 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 234 LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE 3/28/85 Burial Crestlawn Cemetery Marriottsville Md. 07/84 25M Letay M. & Russell C. Wistake Funeral Homes P.A. NAD 2 7 4005 - a surdson fandall **DHMH - 17** 5555 Twin Knolls Road, Columbia, Md. 21045 (VR A15 ME (5))

STATE OF MARYLAND



injury, or other troumatic event,

STATE OF MARYLAND

FOR	DEPAR	TMENT OF HE	EALTH AND MENTAL HYG	IENE			
1 - STATE REGISTRAR JESSIE: E	EMMA BUSH	CERTIFI	CATE OF DEATH	REG. NO	D.		
I DECEASED NAME FIRST	WIDDLE	O LA	51		MONTH DA	Y YEAR	26 HOUR
JESSIE	Emme	Ke	ish		3 13	1985	7 30 M
3 SEX	4. RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
Famala	White	MONTH	- 30 - 1906	78	YRS.	DAYS DAYS	HOURS MIN.
/ emale	76 CITIZEN OF WHAT COUNTRY	Y? B		9 BALTIMORE CITY O		FDEATH	
West Virginia	U.S.A.	WIDOWE	NEVER MARRIED	Howard	Cour	n + **	MD
	11. NAME OF HOSPITAL, NURS			120 USUAL OCCUPATI	ON	126 KIND O	OF BUSINESS OR
Columbia	(IF NOT IN SUCH FACILITY, GIVE STRE 10814 Hunting			Homemaker	F WORKING LIFE)		Homo
USUAL RESIDENCE HE NURSING HOME OR				A CONTRACTOR		Own	поше
13a. STATE 13b. COUN	ITY 13c. CITY OR TO	NWO		13e.STREET ADDRESS			21044
Maryland How	ard Columb)1a	YES NO X	10814 Hu	nting	Lane	21044
	Gold's	mi+h	Rosa	WIDDLE		LAS	Wagman
16g WAS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRE	SS		wagman
	233-64-		Alvin G. Bu			# 12	
			AIVIII G. Bu	SII JI. 3	ame as		IMATE INTERVAL
18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	ly ane cause per line (ar (a), (b), (1	1 . (1			IMATE INTERVAL ONSET AND DEATH
IMMEDIAT	E CAUSE (O)	: Opst	ructive lun	& GIPLERS		1 4	-
	DUE TO, OR AS A GONSEC					1 Ch	rs
Conditions, if any, which	(4) tsk	in cuisi	n			7	-
couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	UENCE OF				,	
	(c)						
	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART II	0
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	CH OPERATION	N WAS PERFORMED	200 AUTOPSY?	Tanh IF YES	WERE FINDI	NGS LISED
2 IN DATE OF CHERATION	The Condition Tok Wilk	CIT OF ERATIO	T THE TEN ORMED		IN CERTIFY	ING CAUSES	OF DEATH?
21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE	YES NO	YES	land	NO 🗌
	TH HOUR A.M. MONTH		I was a was a second	(Elder Inviore Or Invio	KI KI IIZM IB TA	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OR CONTRIBUTING CASE OF DEA	P.M. 21e. PLACE OF INJURY	19	211 LOCATION				
	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC 1	STREET	CITY OR TO	WN	COUNTY	STATE
AT WORK AT WORK			. 52	Meal	13	85	4
22a.1 certify that (I) (this hospit	V10	C	d that in (my) (out) opinion (eath accurred on the di	ate and hour	and Irom the	couses stated
The SIGNATURE	Limited the body after death.		DEGREE			22c DATE	
100101	1	mo	ATTENIDING	MEDICAL STA	FF C	2	3 4-
124 PHYS CIAN'S NAME (TYPE O	O PRINTI		PHYSICIAN D	DIRECTOR PHYSIC	IAN [_]	137	2-47
01 1 6	— , '		1 - 1/ V 11 /	, 11	1/10	1	1011
CNECLUS CI	12ylor my		Une Knell Nort	1 Collins	112 M) 1	1043
230. BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
Burial 24 FUNERAL DIRECTOR		Veston	Masonic Ceme	tery West			st Va.
LeroyamM. & Russel	1 C. Witzke Fun	neral He	omes P.A. MAD	1 4 1095	W. Litter	lactern—A	ndelle
5555 Twin Knolls	Road, Columbia,	_md. 2:	1045 WAN	- 1 1300		,	

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 1 - STATE

(VRA 15, 4)

DONES TO MINE OF THE

(VRA 15, 4)

Mrs. Hetty Haden r6822 Windsor Mill Road Baltimore, MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY and that in (my) (our) apinion death accurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN STATE 3/19/85 Westview Crematory Cremation Catonsville, Balto. 74 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. DHMH - 16 60M 7/84 8728 Liberty Road Randallstown, MD, 21133 Corna Davidson

STATE OF MARYLAND

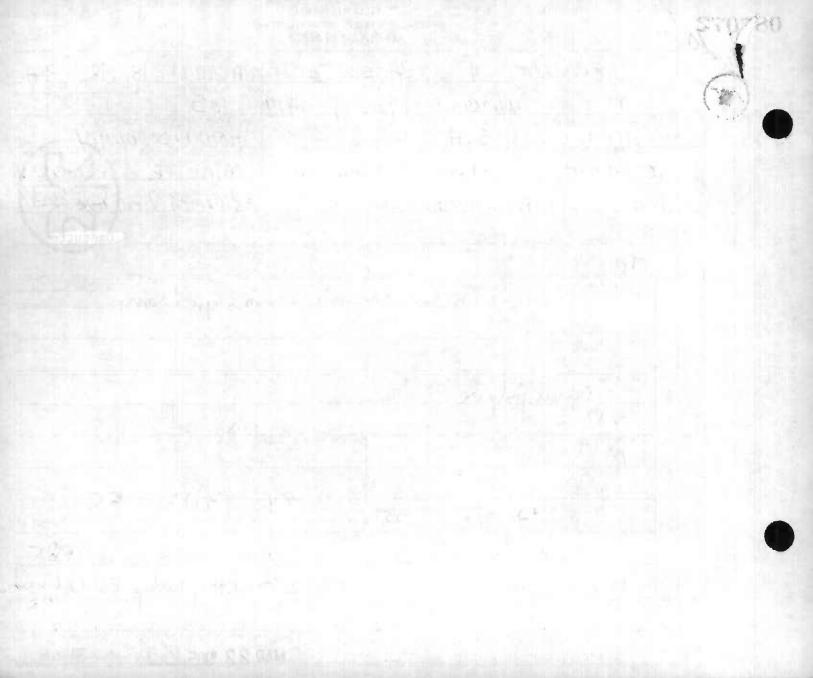
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DAY

26 HOUR

126. KIND OF BUSINESS OR

Winkle



086116	FOR 1 - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		689
(Big	DECEASED NAME FRST		ELLANO	3/22/	DAY VEAR 2b. HOUR 9AM M
	Female	Whote	S DAYE OF BIRTH MONTH DAY YEAR FELO / 1902	03 YRS.	MONTHS DAYS HOURS MIN.
119/	TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) ENGLAND	1. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	HOWARD C	eunty MD.
5	Ellicoff City	11. NAME OF HOSPITAL, NURSING INFOOT IN SUCH FACILITY GIVE STREET	ADDRESS) HOME OR OTHER INSTITUTION ADDRESS) HOME ACCORD	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12h KIND OF BUSINESS OR INDUSTRY
filled in Uld be fill	USUAL RESIDENCE IN NURSING HOME OF 130 STATE	1 101 11		130. STREET ADDRESS 240 ARLING	TON AVE
MARYLA market with sund 2 should be and 2 should and 2 should be a should be and 2 should be and 2 should be a	Tohn Bat	ANDOLE TO BOBS	15 MOTHER'S MAIDEN NA LOUIS	e MIDDLE Ref.	1AST 20510
INORE,	160 WAS DECEASED EVER IN U.S. A (YES, NO OBUNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 054-52	17 INFORMANT CA	ADDRESS 394	. Chastan Kel
st., BAL certifical g physici n papers removal.	PART I. DEATH WAS CAUS	only one cause per line for (a), (b), or ED BY ATE CAUSE (a)	more of the	Ovary	BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212C DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212C DIVISION. After this certificate has been signed by the attending physician and completely filled in Liss the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filled in the and Mental Hygiene prior to burial, cremation, or removal. marked or Item 11 hows any injury, or other traumatic event the miles and permit the marked or Item.		1/		MINAL DISEASE OR CONDITION GIV	/EN IN PART 1(0)
AL RECORT W. The law to permit. The permit of piene prior or pie	190 DATE OF OPERATION TAW 31, 190 210. ACCIDENT WAS UNDERLYING	19 CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
HYSICIAI physician is certifice ial-transit fental Hygor Item 1	OR CONTRIBUTION CAUSE OF D	EATH HOUR A.M. MONTH D		RED (ENTER NATURE OF INJURY IN ITEM 18. P	ART T OR PART 2)
IVISION C DING PHY rending ph After this c the burial th and Men marked or	UIF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR OR Hea	saw the deceased alive a	pital) attended the deceased from	, 19, ond that in (my) (our) apinion	, to, death occurred on the date and hou	19, that (1) (we) lost or and from the causes stated
TAL OR AT ITAL OR AT V the hospital RAL DIRECT detached for urate Oept. of It I tem 2	226. SIGNATURE War C	daleiful !	DEGREE ATTENDING PHYSICIAN S	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detact with the State limportant:	WILLIAM,	, Water the	Id St. Agues	Hospital, B	et. Menny
79999		n Mar. 25, 1985.	NAME OF CEMETERY OR CREMATORY -Loudon Park Ce		
DHMH-16 25M (VRA 15, 4) 1/79	736 Edmondson	ling Funeral Avenue; Catons	Occupation Resident	R 2 6 1985	RAR'S SIGNATURE

236 Edwardson Avenue Curensuille, M. 21228.

Cremition sor. 25, 1985 - auden rork Lengterbeautimore, Maryland

FOR

STATE OF MARYLAND

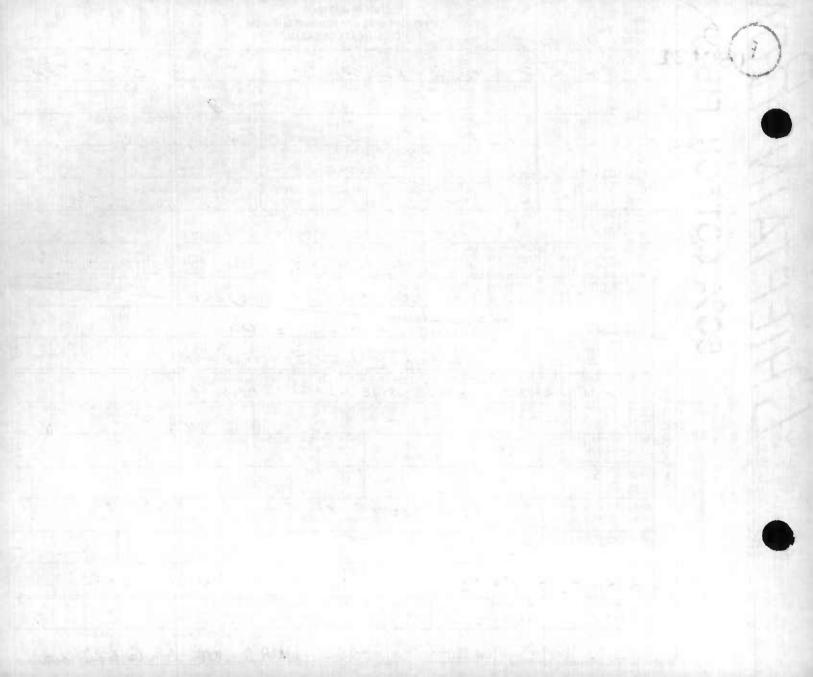
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Like Tavidson Brondo

	-	REGISTRAR MAGARE	ET 1.	27	CERTIFI	CATE OF DEATH	REG. NO		
2		CEASED NAME FIRST Margare		DOLE	Daji	bert	2a DATE OF DEATH	MONTH DAY YEAR 5 93	7 HOUR
	3. SE)	male.	4 RACE	95102	S. DATE O	F BIRTH DAY YEAR 15 01	6 AGE (IN YEARS LAST BIRTH	MONTHS DATS	HOURS MIN.
5		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTE	MARRIED WIDOWEI	NEVER MARRIED DIVORCED	PALTIMORE CITY OR	Howard	MD.
0	Co	Work OF DEATH	UT IEN	FACILITY, GIVE STE	G 140	ROTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF HOMEMAKER		
5	I la S		rry 1	Pasade		YES NO	13e STREET ADDRESS / 7935 E. Sho		122
20)	John	MIDDLE	Kromi		15. MOTHER'S MAIDEN NAM FIRST Margaret	Mary	Sc	hnee
2		VAS DECEASED EVER IN U.S. AR	E IN A D OD D ATECL	66 SOCIAL SE 191-62	3-3404	James J. Da	ubert, 707	Burnje, Md. Washington	Ave.
3		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	m DV			ASCULAR A	nSUASE.	APPRO BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
		Conditions, if any, which gove rise to immediate	(b)	DEME	END'A	20 10 #	(a)		
		couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (ONDITIONS CON	COROA	TO DEATH BUT	NOT RELATED TO THE TERM	187 A CE		10
	CERTIFICATION	COMPENS!				WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIND	
1	ERTIFIC	210. ACCIDENT WAS UNDERLYING	1 21b. TIME OF	INILIRY		21c HOW INJURY OCCURR	YES NOW	IN CERTIFYING CAUSE YES []	NO NO
2	MEDICAL C	OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	. MONTH	DAY YEAR	- ~	ED TENTER NATIONE OF MOORE	, 10 (1 CM) 0 (1 CM) 10 (1 CM) 27	
	MED	21d INJURY OCCURRED WHILE OCCURRED AT WORK AT WORK	216 PLACE OF	F INJURY	ICE, FARM, ETC.)	711 LOCATION STREET	CITY OR TOW		STATE
		22a I certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did no	3	-3-19	45	2-6-, 19 <u>84</u> d that in (my) (our) apinion o		te and hour and from the	
		226 SIGNATURE	(02)	wy	-		MEDICAL STAFF	3	S-S-85
		321 PHYSICIAN'S NAME (TYPE OF		_		LORIEN.	NURSING	HOME-	
	23a B	urial, cremation, removal Burial	8 March			oss Cemetery	Baltimore	, AA	Md.

James S. Kirkley, Glen Burnie, , Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)



18		1 -	FOR STATE REGISTRAR			OF HEALTH AND MENT RTIFICATE OF DEAT		REG. NO			
7			EASED NAME FIRST	MIDDLE	Daini	S LAST	2		8 5	Y YEAR	26. HOUR 5 M
(1)	3	SEX		1. PACE		ATE OF BIRTH	VF AR	AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	1		Female	W White		6 19 2	9.	55	YRS.		
110	1		OUNTRY)	76. CITIZEN OF WHAT C	M	ARRIED NEVER MARRI		HOWAN		PENENT	MD.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7	C	O umbia	11. NAME OF HOSPITAL IF NOT IN SUCH FACTORY		DME OR OTHER INSTITUTIONS		TYPE OF WORK FOR MOST OF HOUSEWIFE			BUSINESS OR
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STATE OF MARYLAND

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BP.

MPORTANT

23a BURIAL

(SPECIFY)

BURTAT.
24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4) SLACK FUNERAL HOME

CREMATION, REMOVAL

saw the deceased alive an abave, (1) (we) (did) (did not view the bady after death

23b DATE

3/13/85

ADDRESS BOX 268
ELLICOTT CITY

DEGREE

23¢ NAME OF CEMETERY OR CREMATORY

220 ADDRESS

GDNS. MARRIOTTS VILLE HONAD 250. DATE REC'D. BY REGISTRAR 250, BEGISTRAR \$ SIGNATURE.

COUNTY

STATE

and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated

MEDICAL STAFF DIRECTOR PHYSICIAN

23d LOCATION

REMOVED TO THE REAL PROPERTY. 21/// 3/17/35 L & L TANDE . THE . THE STORY STATES TO LET HE and a research of the author of the classic actions and the course of th

ATTENDING PHYSICIAN: The

TO FUNERAL DIRECTOR: After this

BP DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the should be detoched for use as the burial-transit permit. Then please remove carbanapor with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

I DECEASED N	AR			CERTIF	ICATE OF DEATH	REG. 1	NO.		
	AME FIRST	٨	NIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)	Mr. Mur		herty			March		.5	-1.
3. SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST B	RIHDAY)	MONTHS DAYS	IF UNDER 24 H
Male		Caucasi	an	June	16 1904	80	YRS		
70 BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	0	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
Canada	N 2	United	States	WIDOWE		Howard Cou	ntsz		
Columbi		11. NAME OF H		ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Painter Con	OF WORKING LI	(FE) INDUSTRY	OF BUSINESS
Marylan		OTHER INSTITUTION.		E ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 💢	13e STREET ADDRESS	/ ZIP COD	E	21133
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IN WAS DECE	ASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU	JRITY NO.	17 INMPS.A.Gladys		RESS		21133
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underly				ENCE OF					
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X	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	
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d oob	MAU	IDE F. ECLWARDS 3/16/85	3 AM
Ter p	3. SEX	4 RACE S. DATE OF BIRTH 6: AGE (INYEARS LAST BIRTHOAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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deort de	Maryland	U.S.A. WIDOWED DIVORCED DI HOWARD	LOUNTY MD.
F F F F	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE SMEET ADDRESS)	LIFE) INDUSTRY
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RES dec dec option trour	Conditions, if any, which gave rise to immediate	(b) Hyperkalemia	-Lacon
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Portol Po	sow the deceased alive a	19 85, and that in (my) (our) opinion death occurred on the date and his	
A Hos hos ched cept.	226. SIGNATURE	DEGREE	22c. DATE &IGNED
Al D Al D Orte Dorte Dorte D	Mai	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	3/16/85
HOSPIT med by FUNER wid be d h the Str	224 PHYSICIAN'S NAME (TYPE	ORPHIND 27e ADDRESS 1/CC 1 1 5/1	
	BRAD 3	- COOPER, M.D. STOT JOHNS LA, Elli	COTI City, Md. 21043
5 5 5 4 3 1	230. BURIAL, CREMATION, REMOVA		Onne 3 stare
BP	Burial	March 18'85 Parkwood Cemetery Baltimore Ma	
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 250/REGI	STRARSSIGNATURE
(VRA 15, 4)	Harry H Witzke 4	112 Columbia Rd Ellicott City MAR 1 8 1985	

DHMH - 16 50M 4/83 (VRA 15, 4)

SLACK FUNERAL HOME

23a. BURIAL CREMATION, REMOVAL

BURTAL

24 FUNERAL DIRECTOR

(SPECIFY)

23b. DATE

LIBERTY BAPT. CH. CEN ADDRESS BOX 268

ELLICOTT CITY.

234 LOCATION 136 NAME OF CEMETERY OR CREMATORY

LISBON

HOWARD

2b. HOUR

LAST

SUTTON

NO [

STATE

STATE

IF UNDER 24 HRS

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

wha Saiden D

THE POST OF THE STATE OF THE PROPERTY AND THE STATE OF TH

210/3

L. L. ROWERS . LITERATURE STREET, CO. L. 2075 LANGERS FOR PART 21043

//3/26/ASAN HEARING CHITTED TO BE 10.00 AND SOL

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he low re ion. hos been it permit. I	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
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ral y th y th SAL deto ote	a l		224 PHYSICIAN'S NAME (TYPE O		0	22e ADDRESS			
TO HOSPITAL TO FUNERAL should be deta	Š		KRISHN	W. L. KOM	(

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST I. DECEASED NAME 20. DATE OF DEATH Friedman 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR DATE OF BIRTH DAYS MONTH FEMALE NHITE To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED 1 WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Howard ZIP CODE as bose 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IE YES, GIVE WAR OR DATES) APPROXIMAD INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1706 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO IT 210. ACCIDENT WAS UNDERLYING OR CONTRACTION CONTRACTOR 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR (IF EITHER NOTLY MEDICAL EXAMINER) 21L LOCATION 21d INJURY OCCUBRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, EACTORY, OFFICE FARM, ETC.) STREET 22a 1 certify that (1) (this hospital) attended the deceased from sow the deceosed olive on above, (I) (we) (did) (did not) view the body olter deoth. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22e ADDRESS

236 NAME OF CEMETERY OR CREMATORY

DEGREE

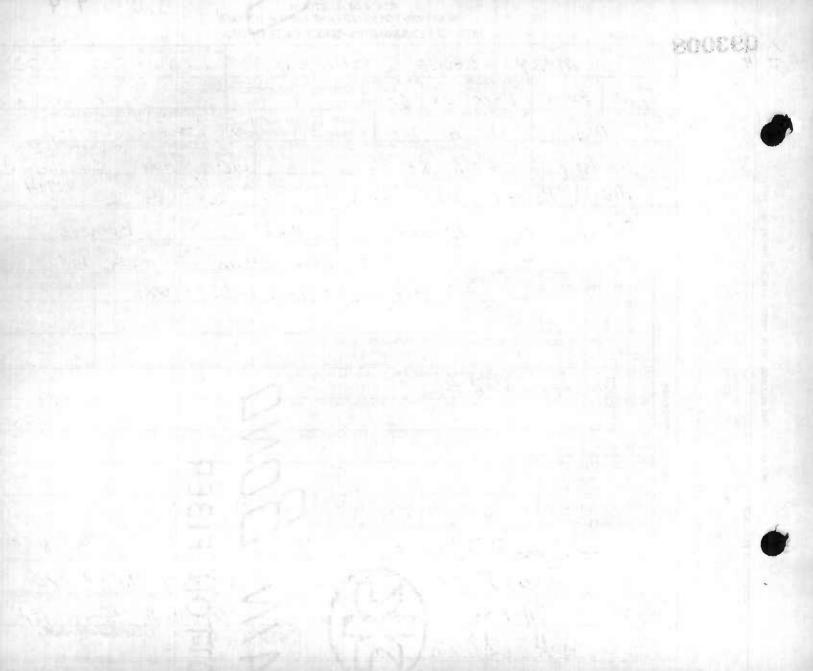
ATTENDING MEDICAL PHYSICIAN A DIRECTOR PHYSICIAN 221 DATE SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

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FOR DEPARTMENT OF HEALTH AND MENT	
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DECEASED NAME FIRST MIDDLE GRIFFON GRIFFON	OF ESTI- DEATH MATED 3.28 1985 75 M
3. SEX 4 RACE S. DATE OF BIRTH NONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOUR 1 -10 - 25 60 YRS.	NDER 24 HRS. 2c. DATE MONTH DAY YEAR 2d. HOUR
76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8 MARRIED NEVER M	MARRIED DA HOWARD COUNTY OF DEATH
11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IN NOT IN SUCH FACILITY, GIVE STREET ADDRESSS) 2085 R+. 32	
USUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. INSIDE (ITY LIMI)	a male
14. FATHER'S NAME FIRST IS MOTHER'S MIDDLE LAST LAST IS MOTHER'S MIDDLE LAST I	MAIDEN NAME MIDDLE LAST
160 WAS DECEASED FOR IN U.S. ARMED FORCES? 1985. NO. OF UNINO (201) 18 CAUSE OF DEATH (Enter only one course per line for (a) (b) and (c)) 18 CAUSE OF DEATH (Enter only one course per line for (a) (b) and (c))	Address Burgess
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) THE DEACH OF CAPTURE CAUSE (b) THE DEACH OF CAPTURE CAUSE (c) THE DEACH OF CAPTURE CAUSE (d) THE DEACH OF CAPTURE CAPTURE CAUSE (d) THE DEACH OF CAPTURE C	AHRINS CHTONSVIK, MC. APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
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AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspected the remains described t	
EXAMINER'S NAME Thomas F. Herbert M.D. ADDRESS TO STAND A	MicoH Chy Med 21045
BP	123d LOCATION CITY OF JOHN TOWN STAND STAN



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	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH		8 / 0 0
	I. DECEASED NAME	Hannah Hannah	B. Hammond/	m m sn of	REG. NO.	DAY YEAR 26 HOUR 9:58 PM
	Femal		White S. DATE MONT	H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	
	70 BIRTHPLACE (STATE OR FOR COUNTRY) Virginia 10 CITY OR TOWN OF DEAT	U.S.	MARRIE A MARRIE WIDOW HOSPITAL, NURSING HOME	DIVORCED [Howard County 128 USUAL OCCUPATION	
pi	Columbia	Howard	HEACHITY, GIVE STREET ADDRESS) County General GIVE RESIDENCE BEFORE ADMISSION)		Retired Scho	GLEE) INDUSTRY
	Maryland	BE COUNTY Howard	13c. CITY OR TOWN Ellicott City	(3351 N.Chatham	
	14. FATHER'S NAME FIRST late George		EAST	15. MOTHER'S MAIDENNA FIRST late Elisa	Starnes	tast
	(YES, NO ON INKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	269 22 1487	Walter E Ham	mond 5311 Water	licott City loo Rd 21043
	PART I. DEATH WA	(Enter only one couse per AS CAUSED BY: MMEDIATE CAUSE (0)	line for (o), (b), and (c) Cordiae R	181		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony,	which (b)	R AS A CONSEQUENCE OF	Respiratory For	·li	
	couse (a), stating underlying cause	the DUE TO, O	R AS A CONSEQUENCE OF	Eneumonic		
		RIELWINE			NINAL DISEASE OR CONDITION (
1	190 DATE OF OPERATI		ITION FOR WHICH OPERATIO		YES NOW NOW	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
	OR CONTRIBUTING CA	AUSE OF DEATH HOUR A. AL EXAMINER) P.	M. MONTH DAY YEAR M. 19		RED (ENTER NATURE OF INJURY IN ITEM I	B PART I OR PART ?}
	216 INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	E CAT HOME, STI	OF INJURY REET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased above, (I) (we) (di	this hospital) attended the dialize on d) (did not) view the body	15 19 550		death accurred on the date and h	
	226. SIGNATURE	0	0 11	DEGREE		220 DAJE SIGNED

224. PHYSICIAN'S NAME (TYPE OF PRI

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

23d LOCATION
CITY OF TOWN
Bushnell

BP.

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached MPORTANT.

23e BURIAL, CREMATION, RÉMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR

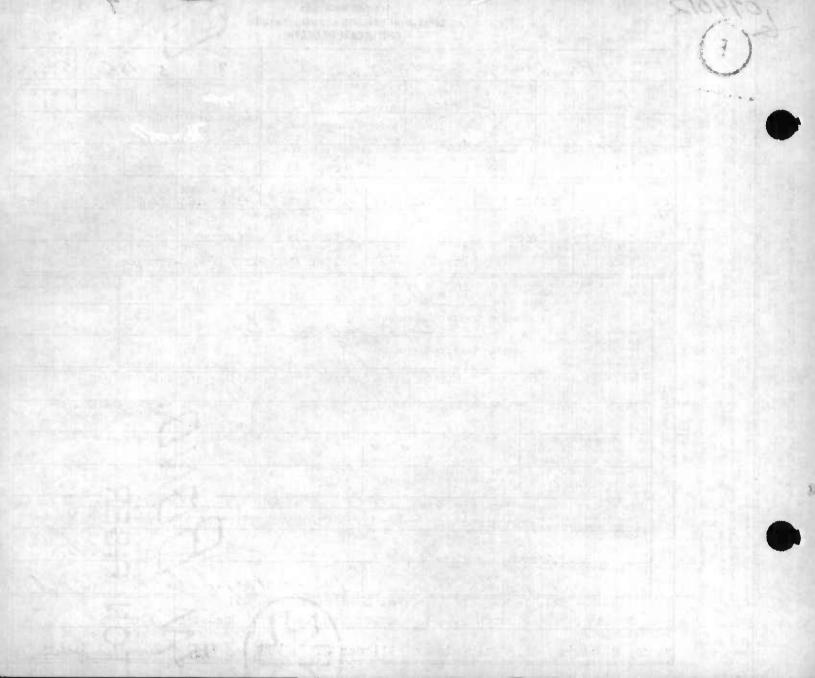
23b. DATE

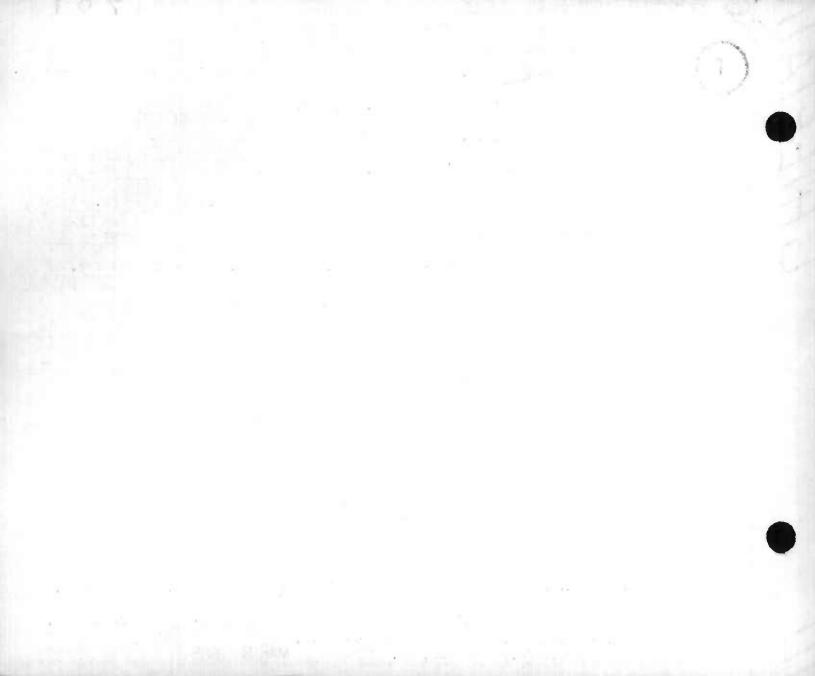
March 9, 1985

Evergreen Cemetery Bushnell Florida
250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

Florida

Harry H Witzke 4112 Columbia Rd Ellicott Cityu MAR



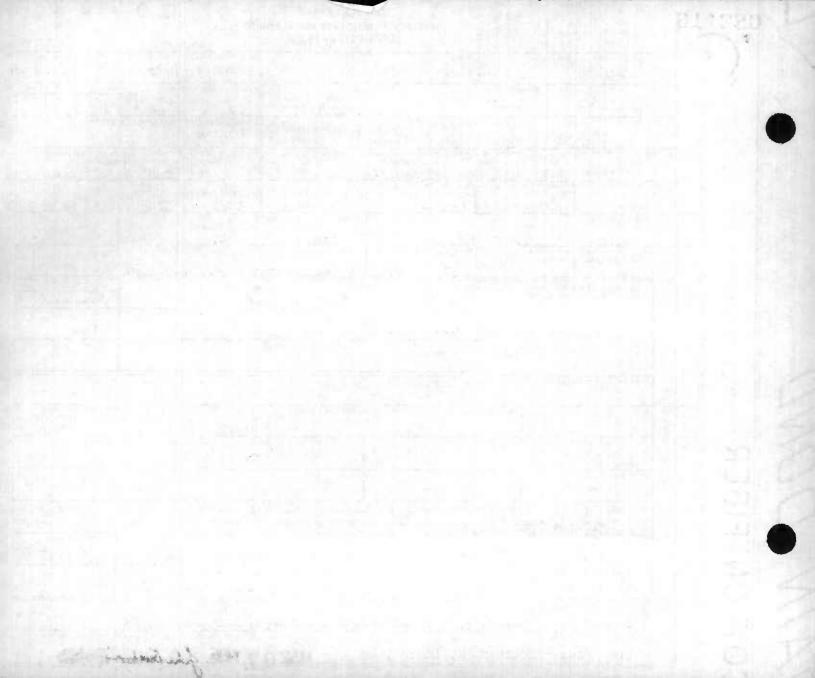


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE CERTIFICATE OF DEATH

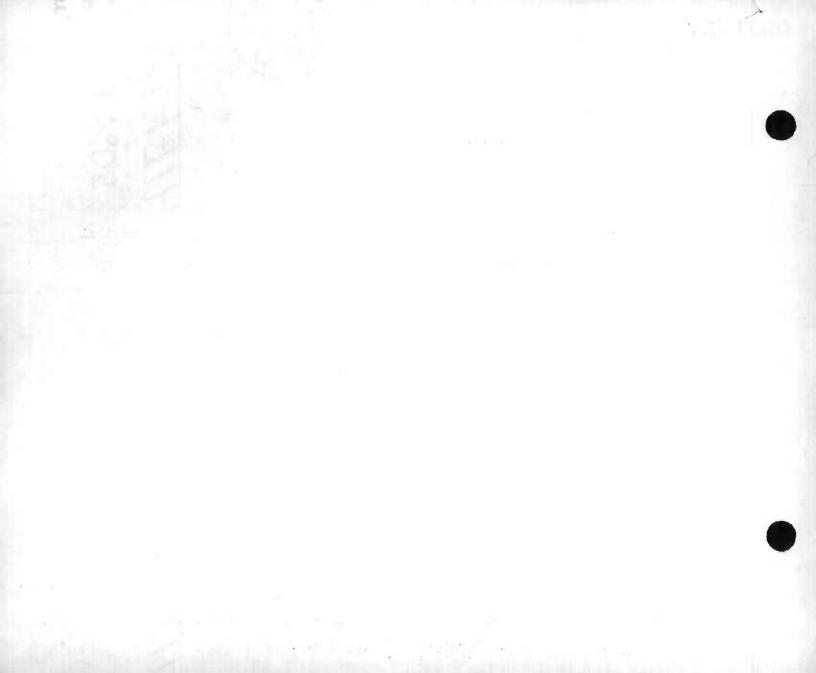
- STATE REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR TEWIS 6:30 HOCKMAN MARCH 4, 1985 B. 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE IF UNDER TYEAR IF UNDER 24 HRS. 3 SEX 5. DATE OF BIRTH White DAY Male Sent. 27.1907 **BALTIMORE CITY OR COUNTY OF DEATH** To BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED Howard Virginia DIVORCED [IR CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR Laurel preight handler railroad 9060 Old Scaggsville Road ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE B 136. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 9060 Old Scaggsville Road 2070 Howard Laurel IS MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Baker Hannu Hockman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT HE YES, GIVE WAR OR DATEST Freda Hockman same as above 578 05 3162 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Immodeste IMMEDIATE CAUSE (0) malianout Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO: OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20e AUTOPSY? 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21ª PLACE OF INJURY 21f. LOCATION COUNTY CITY OR TOWN STATE (AT HOME STREET FACTORY, OFFICE, EARM ETC.) WHILE NOT WHILE 220 1 certify that (I)(this haspital) attended the deceased from sow the deceased alive above. (1) we) (did and not view the body after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DEGREE 226. SIGNATURE non PHYSICIAN DIRECTOR PHYSICIAN Wm. C. Waterfield 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL Emmanueal Cemetery Burial March 7,1985 Scaggsville, Md 24. FUNERAL DIRECTOR

Donaldson Funeral Home, Laurel, Md

DHMH - 16 50M 4/83 (VRA 15, 4)



3121	Ľ	STATE REGISTRAR MORT	TON HOPPEN			TE OF DEATH		. NO.		
1.		CEASED NAME	FIRST	MIDDLE	LAST /		20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOU
B & //			rton	·	oppen	feld	3-2	6-8	5	8-
1	3. SE	8	4 RACE		S. DATE OF BIR	RTH DAY YEAR	6 AGE (IN YEARS LAS			IF UNDER
0 0 0		///ale	Whi	te	2	18 29	56	YRS		
8 82 10		IRTHPLACE (STATE OR FOR	EIGN 76. CITIZEN O	F WHAT COUNTRY?	MARRIED 19	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
621		New York	U.S	.A.	WIDOWED	DIVORCED [Howar	d County	7	
1/1	10 C	ITY OR TOWN OF DEATH		F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET		THER INSTITUTION	12a USUAL OCCUP	ST OF WORKING LIFE	12b. KIND OF INDUSTRY	BUSINE
10 10		Columbia	How	ard Cou		neral	Architec	t	Enterp	ris
1 51 W	USU 13a :	AL RESIDENCE (# NURSING	HOME OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFOR	E ADMISSION)	INSIDE CITY LIMITS?	13e STREET ADDRE	SS / ZIP CODE	. 2	2104
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		md.	Howard	Colum	0.40-	S NO K	5402	EI Co	mino	
1100	14. F/	ATHER'S NAME	WIDDLE	LAST		MOTHER'S MAIDEN NA	AME	E	LAST	
1 10/20	1	Jacob	9	Hoppenfeld		Anna			einthal	
dicol dicol		WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FORCES?	166 SOCIAL SECU		INFORMANT		DRESS		
1 11 1		Yes		082-22-	-9666	Jeanne Hopp	enfeld :	Same as		
# 98 # #		18 CAUSE OF DEATH	Enter anly ane cause p	er line far (a), (b), ar	id (c)				SET WEEN OF	ATE INTER
of the dead by the after se remarks cremation other troum		Conditions, if any, we gave rise to immediate cause (a), stating underlying cause	diate	COROLO OR AS A CONSEOU	UARY ENCE OF	HEART	DISEA	50		
law requires the form the place of the place	CERTIFICATION	PART 2 OTHER SIGNIF		CONTRIBUTING TO			200 AUTOPSY?	20b IF YES	, WERE FINDING	OF DEAT
10 4 5 6 1 /	E				La		YES NO			NO [
11 111 10		210. ACCIDENT WAS UNDER		OF INJURY A.M. MONTH D		HOW INJURY OCCUR	KED (ENTER NATURE OF	INJURY IN ITEM 18 PA	ART I OR PART 2)	
28 88 1	MEDICAL	(IF EITHER, NOTIFY MEDICAL	EXAMINER)	P.M.	19	1001101				
ond on the state of the state o	MED	216 INJURY OCCURRED	TAT HOME	E OF INJURY STREET FACTORY OFFICE		LOCATION	CITY C	RTOWN	COUNTY	5
40 and		22a I certify that (I) (I		the deceased 100	3/26	19_8	ta		19	hat (I) (s
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Man The Man		226 SIGNATURE	U		DEG	-			22c. DATE S	
24 22 2 =		Lerie	Verslin	n	M.		MEDICAL DIRECTOR PH	SICIAN -	3.	26
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D HOSPITA O FUNERA O FUNERA Hould be de Lift the Sont		10//	16.00							
TO HOSPITA retained by TO FUNERA with the Sont MADORTANT		BURIAL, CREMATION, RE			NAME OF CEME	TERY OR CREMATORY	23d LOCATION CITY OR TOW	4	COUNTY	ST



STATE OF MARYLAND 087136 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME O DATE KNOWNX MONTH 7b. HOUR (TYPE OR PRINT) ESTI-MARSHATIL WOODROW 19 85 HUDSON DEATH MATED 4 RACE 1 SEX DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED 8:15 MALE 12 72 yes DEAD 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED VIRGINIA U.S.A. DIVORCED X WIDOWED Howard County IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) CATTLE DEALER LIVESTOCK Columbia Howard Co. General Hospital 13g. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITES? 13e. STREET ADDRESS MARYTANT WEST FRIENDSHIPYES HOWARD (21794 NOXX 14. FATHER'S NAME HOLLANDSWORTH 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FRANK HOLL AND WATH HILLDS ON BERTHA 5 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS ITH 2D. (YES, NO. OR UNKNOWN) NO HAZEL H. RAINES NEW PORT NEWS . VA 23606 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured abdominal aortic aneurysm ED AS A BURIAL - TRANSITY HEALTH AND MENTAL HYGAL, CREMATION, OF PEMOY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) USED AS 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? E 3 SHOULD BE CELLEDEPARTMENT OF H 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME 211 LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYIAND, 21201 P STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN WHILE AT WORK COUNTY 22a. I certify that I took charge of the remains described above, held on and in my apinion Natural causes X death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 3-23-85 WESTVIEW MEM. PK. CREMATION CATONSVILLE BALTO. 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE BOX 268 **DHMH - 17** ADDRESS Sia Davidson-Rande 12 (VR A15 ME (5)) SLACK FUNERAL HOME ELLICOT CITY MD ZIONAR

US 4117 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN XT HINOM DAY 7h HOUR (TYPE OR PRINT) ESTI-**ALEATHA** DEATH MATED 3-1-85 HUNTER 4 RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED Black 10-28-32 DEAD 3-1-85 2:201 Female YRS TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY) Florida USA Howard County WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS 5 Came I back L OR INDUSTRY Columbia Team Leader Hospital USUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Columbia Howard NO [Camelback La. 21045 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST John Brown Bell Queenie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I (IE YES, GIVE WAR OR DATES 5-46-5580 Camelback La Carnegie Hunter 20 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D PLAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY Conditions, if ony, which (b) disease gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) TO THE CHIEF A
SE 3 SHOULD BE USED A
TE DEPARTMENT OF HE 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME, 211 LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, EACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN WHILE AT WORK COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural couses X death resulted from: Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNATURE MEDICAL EXAMINER Margarita A. Korell, M.D. EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial Church Cem. Howard 07/84 BP Columbi 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** 1300 Eutaw Place Chas.A.Rice FSPA lia Davidson (VR A15 ME (S))

CILITAN CONTRACTOR OF THE CONT The second of th

STATE OF MARYLAND REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN [7] MONTH 7b. HOUR (TYPE OR PRINT) ager DEATH MATED 03 GRACE R FILE 3 SEX DATE OF BIRTH IF UNDER 24 HRS 24 HOUR DATE YEAR LAST BIRTHDAY) MONTHS PRONOUNCED -00 06 DEAD 10 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY USA MARULAND WIDOWED DIVORCED IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13g STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRES CITY OR TOWN larksville Howard 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE TANE JAMES KEENEU Emma 3055m 18. GIVE PAGE WITH FOR MIT. PAGES E, DIVISION PE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMAN 8306 SAURGE GVIRORD Ad (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) DOROTHU Specht 216-01-9906 md. 20763 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT.
OF HEALTH AND MENTALL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY: ArresT SIMULT la-diue. IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Disease Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. REMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION THE CHIEF M ULD BE USED A WEN OF HEA 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES 🗍 NO [] TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYIAND, 2120 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TE PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Inspection Inquiry death resulted from Notural causes Homicide Undetermined manner TITLE (SPECIEY MINCHEW EXAMINER'S NAME (TYPE OR PRINT) 23g BURIAL, CREMATION, REMOVAL 23d. LOCATION COUNTY St. PAULS LUTH. Ch. CEM. Fulton MARYIAND BP 24 FUNERAL DIRECTOR FIECK FUNERA 250 DATE REC'D, BY REGISTRAR 29 REGISTBAR'S SIGNATURE DHMH - 17 7601 SANDY SPRING Rd (VR A15 ME (5)) 20M 4/82

108	32115	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 5 0 8	3 / 0 /
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oge 4 mo	(A)	3. SE	vale.	White	5. DATE OF BIRTH DAY YEAR O O O O O O O O O O O O O	6 AGE [IN YEARS LAST BIRTHDAY] 6 YRS.	IF UNDER LYEAR IF UNDER 24 HRS
despit P	3/	I	TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUNT HOURE	MD.
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ofe be exe	pers. Page al.	(IS CAUSE OF DEATH (Enter	only one cause per line for (a), (b), or	nd (c).)	mes P.O.B	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death certifi	l by the attending pt tose remove carband bl, cremation, ar remo r ather traumatic ever		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUF TO OR AS A CONSEQU	ENCE OF PAILURE	INCLUDING POST	
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BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Cremation, 24 FUNERAL DIRECTOR

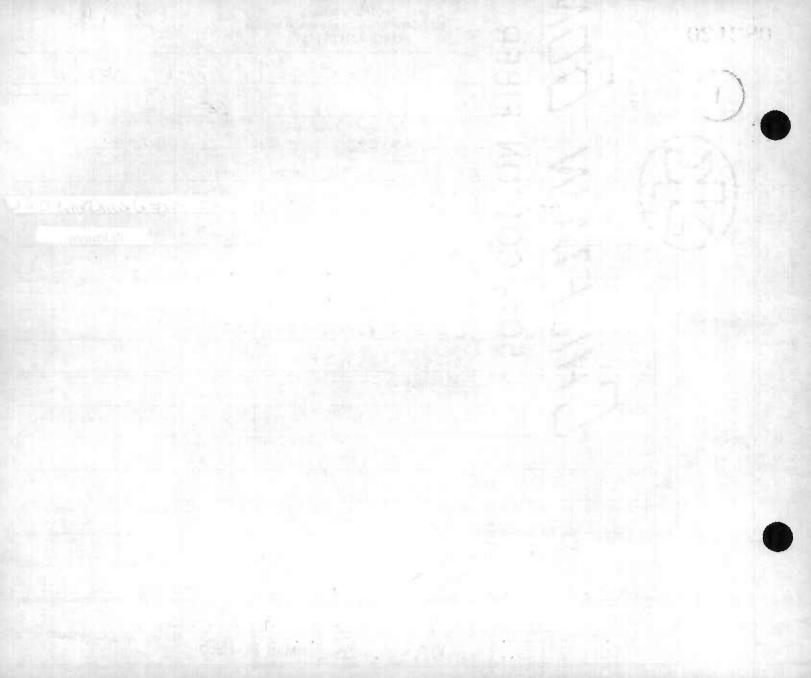
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(VRA 15, 4)



STATE OF MARYLAND

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O District of the Color of the	LY	AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATEST	17 INFORMANT PSSA David Armac	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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deoth to otherding tion, or i aumoric		Conditions, if any, which	DUE TO, OR AS A CONSEQUEN	NCE OF		3 m	m the
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MP

ATTENDING PHYSICIAN

MEDICAL STAFF

and that in (my) (aur) opinian death accurred on the date and haur and Iram the causes stated

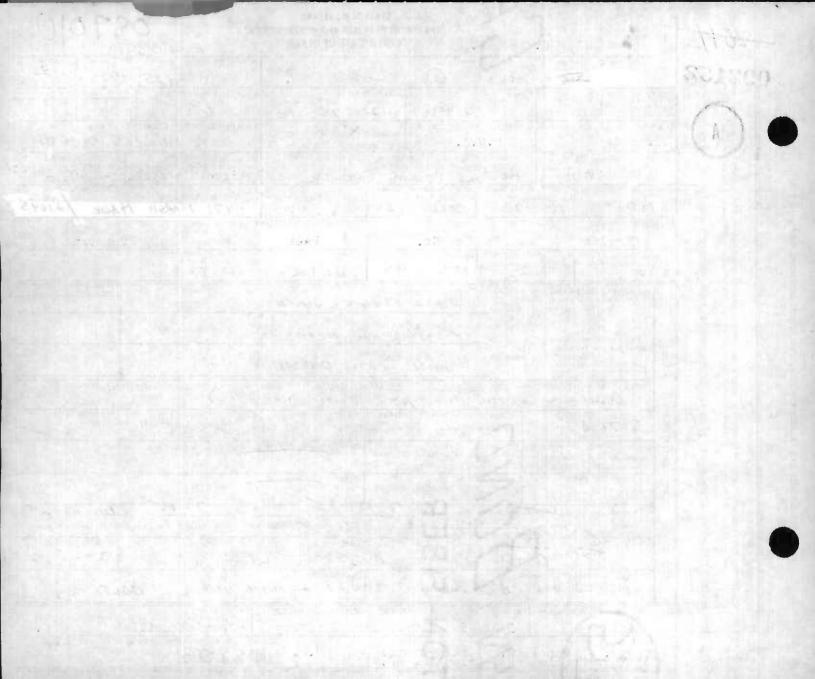
Brosse 230 BURIAL, CREMATION, REMOVAL

March 29, 1985 Loudon Park

23d LOCATION Baltimore

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR Harry M Witzke 4112 Columbia Rd Ellicott City



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4/91 line, ico war- wr - Railimort, ic. 2141	sar . Leanno	3-42-9841 Eli	7.1	

Burial 03/20/85 queen Of Reaven Bridgeville Masnington Bait. Md alter Dabrowski - 1005 Dungalk Ave. 21224

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH I. DECEASED NAME MIDDLE TTYPE OR PRINTI 1 SEX 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR LAUCASIAN To BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY MARULAND WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) CTY. CHARD MANAGER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 130. STATE 13b COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE FLKRIDGE NO X HOWARD YES T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE JAMES MINTER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (15 YES, GIVE WAR OR DATES) SAME AS \$3E (YES, NO OR UNKNOWN) 219-01-8587 MEIDA MINTER 495 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Adenocarcinoma DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 IFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK 220 I certify that (I) (this hospital) attended the deceased from saw the deceased alive an_ and that in (my) (aur) opinion death accurred an the date and have and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

STATE OF MARYLAND

BALT-WASh. CROMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

24 FUNERAL DIRECTOR FIECK FUNERAL HOME INC.

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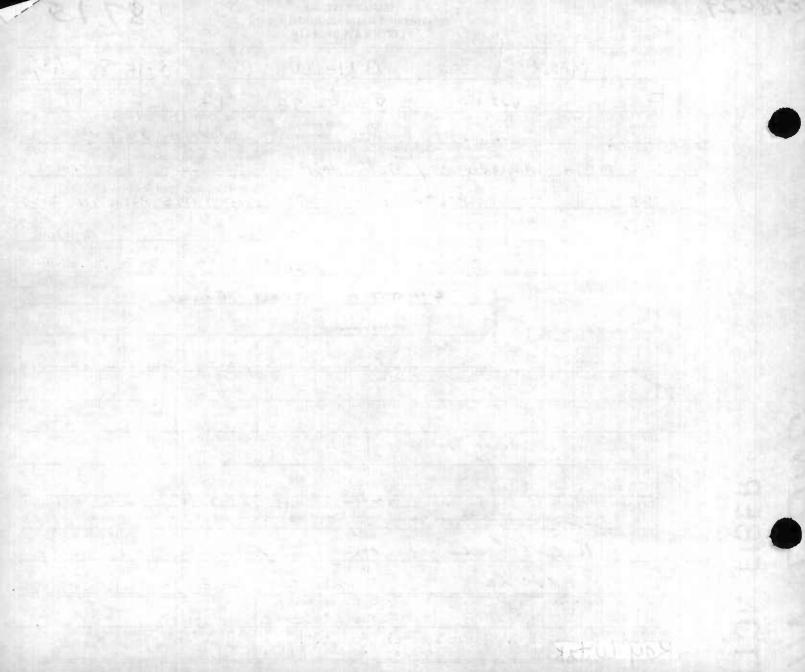
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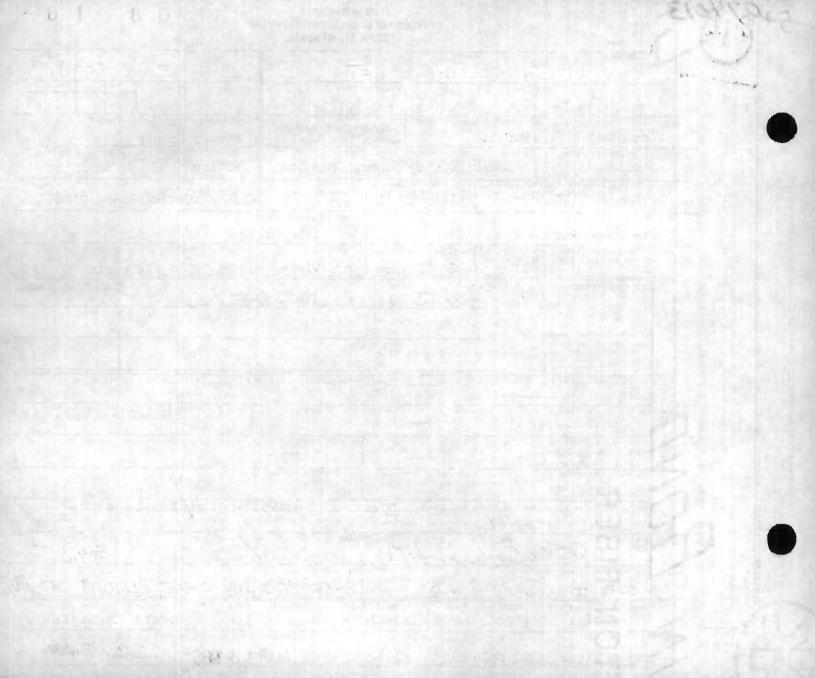
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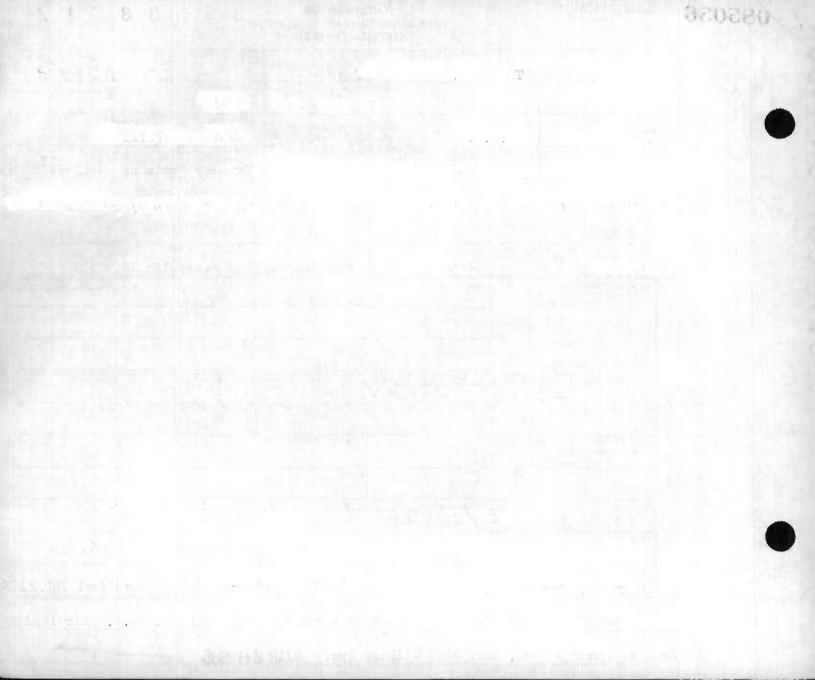
STATE OF MARYLAND	5
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CEDTIEIC ATE OF DEATH	

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1	STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HY ICATE OF DEATH	GIENE	REG. NO.			
1. DE(CEASED NAME	FIRST		WIDDLE		AST	20. DATE OF		ITH DAY	YEAR	26. HOUR
(TYPE	ER ER	BY E	. PERD	UE				3	4	85	1155
3. SEX			RACE	,	5. DATE C	OF BIRTH	6 AGE INYE	ARS LAST BIRTHDAY	r) IE L	JNDER I YEAR	IF UNDER 24 HI
13	M_{Ma}	le		White	Feb	10, 1915 YEAR	7	70	YRS MON	THS DAYS	HOURS MI
	RTHPLACE ISTATE OR FO		CITIZEN OF	WHAT COUNTRY?	8			RE CITY OR CO		FDEATH	
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10 CI	TY OR TOWN OF DEAT Columbia	ГН 13	1. NAME OF (IENOT IN SUI HOWA)	HOSPITAL, NURSIN CHEACHUY, GIVE STREET COUNTY	ADDRESS) Gener	ral Hospital	12g USUAL C	FOR MOST OF WOR		IZE KIND C INDUSTRY Machi	F BUSINESS
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	ather's NAME ate John P	erdue	DDLE	LAST		15. MOTHER'S MAIDEN N. Late O.		WIDDLE		LAS	51
	VAS DECEASED EVER IN		ED FORCES?	16b. SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS		120	MISSES.
Ye		WW .		224 03	8368	A Mrs Vivian	Perdue	8556	Fred	erick	Rd 21
	Conditions, if any, gove rise to imme couse to stating underlying couse	ediote	(b)	DR AS A CONSEOU	ENCE OF						
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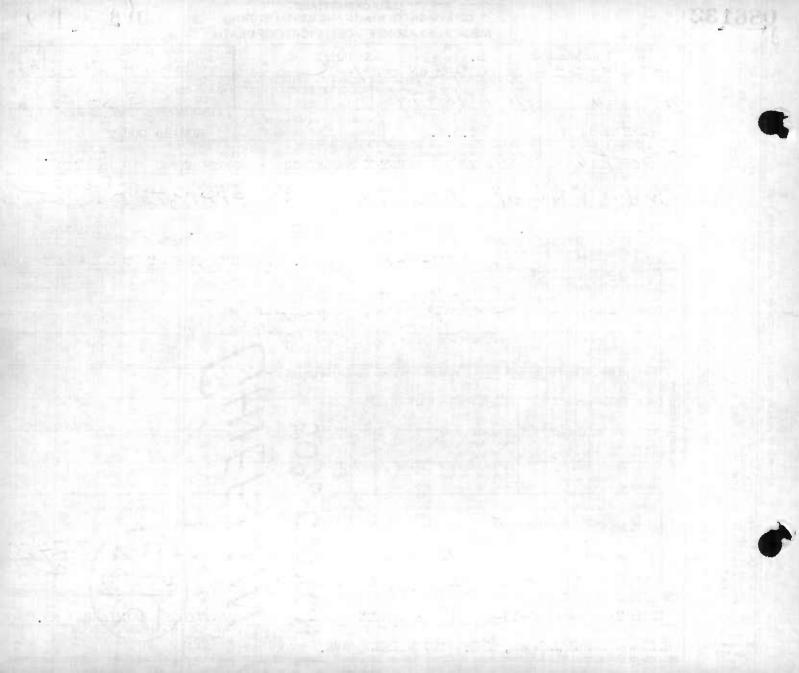
STATE OF MARYLAND



13/	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 0 8 7 4 CERTIFICATE OF DEATH REG. NO.									
082113	(TYPE OR PRINT)	IRST MIDDLE	EAST	20. DATE OF DEATH MON	TH DAY YEAR 16. HOUR						
0002	FRE	D A.	RANDT	MAR	CH 3, 1985 2.15 PM						
	3. SEX MALE	4 RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR 1905	6 AGE (IN YEARS LAST BIRTHDAY	I FUNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.						
199	70 BIRTHPLACE (STATE OR FOREI COUNTRY)	ON 76 CITIZEN OF WHAT COUNTRY US A.	(? 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DWORCED ☐	BALTIMORE CITY OR CO							
1 11 60	ELLICOTT CITY	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	126. KIND OF BUSINESS OR						
1 33	USUAL RESIDENCE (IF NURSING 130. STATE 13b	HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFO COUNTY 136, CITY OR TO		13e STREET ADDRESS / ZIP 544// COREC	CODE						
A STATE OF THE PROPERTY OF THE	14 FATHER'S NAME SEPIT	MIDDLE RAN	15. MOTHER'S MAIDEN N TRANCE	MIDDLE	FWOLKA						
MOKE.	160 WAS DECEASED EVER IN ((YES, NO OR UNKNOWN) (III	U.S. ARMED FORCES? 166 SOCIAL SEC FYES, GIVE WAR OR DATES)	- 202 - P 1 -	ADDRESS 9146 ANDI FLLICO	WINDING WAY						
S, 201 W. PRESTON Jires that the death co- greed by the attendin en please remove corb burial, cremation, or- ury, or ather traumatic	Conditions, if any, what gove rise to immedicate (a), stating underlying cause I	DUE TO, OR AS A CONSEO	unoma of	Pan creas	6 mo						
NG PHYSICIAN. The low requirent of the ordinate of the ordinat	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLY	N 196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b IN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)						
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O HOSPITAL O PETONEO by the TO FUNERAL D should be detoc with the State D MPORTANT: If I	PHYSICIAN'S NAME	(IYPE OR PRINT) KARAN	- M.D ATTENDING PHYSICIAN, Me ADDRESS 3455 WIL	MEDICAL STAFF DIRECTOR PHYSICIAN KENS AVE	BALTIMORE						
Bb Of W W W W W W W W W W W W W W W W W W	230 BURIAL, CREMATION, REM	AOVAL 236 DATE 236 8 MARCH &S	NAME OF CEMETERY OR CREMATORY ST. ANTHONY	23d LOCATION CITY OR TOWN NAWVET	RICKIANA SIMA						
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR	A done Applies	7		EGISTRAR'S, SIGNATURE						

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10-1	1-	STATE REGISTRAR			R'S CERTIFICATE	OF DEATH	, NO.				
(18)		CEASED NAME LAWRENG	CE H.	IDDIE I	REECAMPER	20. DATE KNOWN	MONTH DAY YEAR 26. HOUR				
OR DRS IET,	1	-CHANENCE	Hemor	1 Cecan	npor	OF ESTI- DEATH MATED	1 3 2419.95 1/30				
PLEASE RECTOR R FILES. HOURS STREET,	3. SE)	1. RACE	S. DATE OF BIRTH	YEAR LAST BIRTHDAY		R 24 HRS. 2c. DATE MIN PRONOUNCED	MONTH DAY YEAR 2d. HOUR				
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NECESSARY, PL FUNERAL DIREC 5 FOR YOUR F WITHIN 72 HO	7a. B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT		MARRIED NEVER MAR	RIED . 9. BALTIMORE CIT	Y OR COUNTY OF DEATH				
N S S S S S S S S S S S S S S S S S S S	10.6	MARYLAND		U.S.A. WIDOWED DIVORCED HOWARD COUNT 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK)							
AY IS N AGE 5 FILED.	15	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILIT	Y, GIVE STREET ADDRESS)		12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE)	GIRMOUTERY				
DELAY 3 TO TI IN PAG BE FIL	USU	AL RESIDENCE (IF IN NUMBING HOME			RY BOULEVARD	ENGINEER	MARTIN				
IF ANY DELA RAND 3 TO 3. RETAIN PA SHOULD BE RECORDS	13a. S	Md. 13b COUN	weel	GPL CITY OR TOWN	TATA YES NO D	- 40 /9 0 /9	TIP TEXAMETER				
AD. 2 S 1, 2, 8 10, 2, 2, 10, 2, 2, 2, 2, 2, 2, 2, 3, 10, 2, 5, 5, 10, 2, 5, 10, 2, 5, 10, 2, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	14. F/	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAII	DEN NAME	LAST				
DRE, MD. 2 AGES 1, 2, AND 2 S.		ILLIAM	H.	REECAMPER	MARY	M.	UNKNOWN				
Wao z	(A		MED FORCES?	6b. SOCIAL SECURITY I		ADDR					
BALTIMORE, URS AFTER DE 3. GIVE PAGES WITH FORM PAGES I AN DIVISION OF		NO		221-03-495	ADA F. RI	EECAMPER 8888D	TOWN & COUNTRY BLVI				
	158	IB CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly ane cause per line far D BY:	(g), (b), and (c).)	011.1	T.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
Z 20000		IMMEDIA	TE CAUSE (a)	A CONSEQUENCE OF	ray wyo	neus					
THIN LIN I ER AI USIT I		Canditians, if any, which	(Ledo. T	1 1/0 17	6:1.	Park The Par				
01 W. PRESTON ST., UTED WITHIN 24 HOI UTED WITHIN 24 HOI EXAMINER ALONG RIALTRANSIT PERMIT MENTAL HYGIENE, OR REMOVAL.		gave rise to immediate cause (a) stating the <u>under</u>	S	A CONSIDERACE OF	4 heary	aucry					
ON NAME OF STATE OF S		lying cause last.	(c)	0	0						
EXECUNG" IN INCAL E A BURIL TAND		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE OR CONDITION GIVEN IN	PART 1 (g)					
S CERTIFICATE SHOULD BE EXE STRING THE WORD "PENDING" RDED TO THE CHIEF MEDICA RED TO THE CHIEF MEDICA RESTANDIL BE USED AS A BI F. E. SPARTMENT OF HEALTH AN PRIOR TO BURIAL, CREMATION	CERTIFICATION										
HAL REGISTED SHOULD SHOULD OF HEAD OF HEAD	ICA	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									
OF VITA ATE SHC THE CH THE CH THE CH AENT OF BURNAL	E	210 EXTERNAL CAUSE WAS	21b. TIME OF IN	HIDV	Tale HOW IN HURY OCCUPY		YES NO				
CERTIFICATE SP CERTIFICATE SP TING THE WOR 3 SHOULD BE DEPARTMENT OF PRIOR TO BURIA		UNDERLYING OR	HOUR A.M. M	ONTH DAY YEAR	121C NOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2)				
CERTIFICATION THE SECTION THE	MEDICAL	CONTRIBUTING CAUSE OF	21e. PLACE OF I		21f. LOCATION						
DIVIS THIS CER. WWITING WARDED PAGE 3 S STATE DEP	×	WHILE NOT WHILE [STREET, FACTORY	FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE				
R: THIS TE, WRI DRWARE : PAGE : PAGE 21201 F		22a. I certify that I took charg	an of the remains describ	od shave hald as							
EXAMINER: CERTIFICATI UID BE FOI DIRECTOR: WITH THE :			. FOI	cident , Suici	Autapsy, Inspecti	Undetermined manner	and in my apinion				
EXAMINE CERTIFICA ULD BE FO DIRECTOR WITH THE ARYLAND,		(D) 0	a .D	0.0	TITLE (SPECIFY)	Onderenmined manner					
AL ALDO		SIGNATURE A	III de	Leafer	M.D. Cassin	MEDICAL EXAMINER	DATE SIGNED 3-24 ST				
MEDIC CUTE 1 SE 4 SI FUNER ER DEA		EXAMINER'S NAME TO	Lagot	1 111-	100		2 Sheatto				
TO MEDICAL E EXECUTE THE PAGE 4 SHOU A FITE FUNERAL D AFTER FORTH, BALTMORE, MA	22. 5	(TYPE OR PRINT)	5 48/1	- 49161	ADDRESS_39	1 MM /TA	NN Want				
	1.5	JRIAL, CREMATION, REMOVAL PECIFY) CREMATION	03-25-85		TERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE				
BP		UNERAL DIRECTOR	03-23-83	2122	TY PROCESS	CATONSVILLE REÇ'D, BY REGISTRAR 256. RI	BALTIMORE MD.				
(VR A15 ME (5)) 15M 7/77	Н	BBARD FUNERAL	HOME, INC.			AK 2, 4 - 35	The state of the s				



STATE OF MARYLAND

CHADRE LANDS IN THE STREET And the state of t Country that the sea Country to we take their shorest when I seem with Empt were Manual VWs and to the rest against the property The state of the s The second of the second of The same of the sa THE MILLSON STATE SHOW SHAPE WITH THE STATE OF THE STATE The same of the second of the SOURCE STATE SELECTION OF THE SECOND STATE OF

Balto., Md.

Anatomy Board

(VRA 15, 4)



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9/21/85 Figure 1

STATE OF MARYLAND

JIAIL OI MANILAND										
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	iE .									
CERTIFICATE OF DEATH										

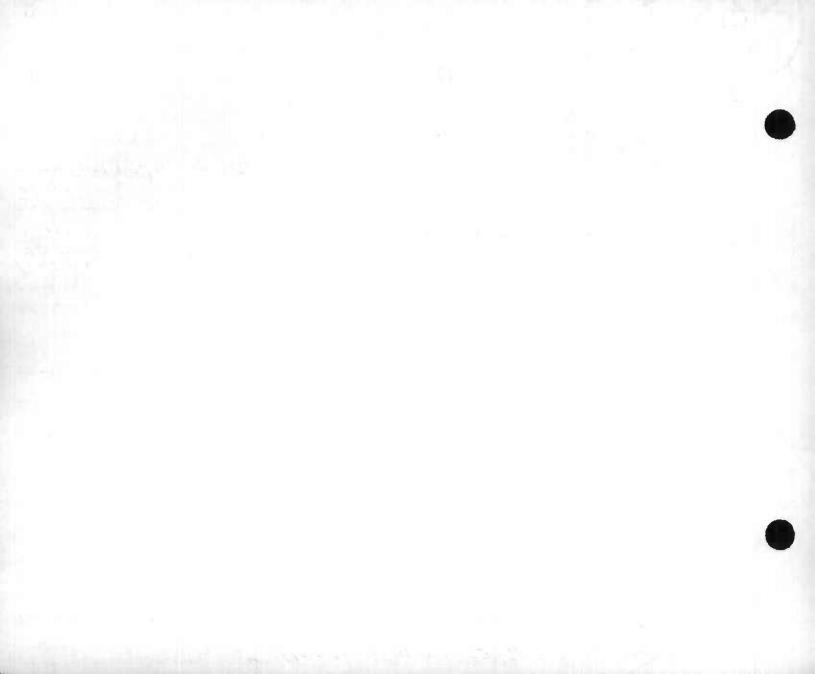
1-	FOR - STATE REGISTRAR			DEPARTM		EALTH AND MENTA ICATE OF DEATH		NE	REG. NO).	0 /	£ .	
	CEASED NAME	FIRST	N	AIDDLE	L.	AST	2	a DATE		MONTH DA	AY YEAR	2b. HOU	
(TYPE	E OR PRINT)	Ken	nolfa	D.	S	honede				3-3	3-85	7	30
3. SE	х		RACE		S. DATE C			AGE (II	N YEARS LAST BIRT	(HDAY)	FUNDER I YEAR	IF UNDER	
	Male		Whi	te	MONTH	3- 31- 2	16		5	8 YRS.	ONTHS DAYS	HOURS	MIN.
	IRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIE	D 🗆 🤔	BALTIM	ORE CITY O	R COUNTY	OF DEATH	1	
7	New yo	ork	U	5.14	WIDOWE		_	H	owar	d (oun	M	MD.
10 C	ITY OR TOWN OF DE	ATH 11		OSPITAL, NURSING		R OTHER INSTITUTIO	N 1		L OCCUPATE ORK FOR MOST O		12b. KIND O	F BUSINE	SS OR
(olumbis	À	Howa	rd Co	ent	4 GEN			ims	Mgr.	Libert	y Mu	t. In:
13a. S	AL RESIDENCE (# NUR: STATE	SING HOME OR OT		GIVE RESIDENCE BEFORE I		13d. INSIDE CITY LIMI		50	ADDRESS /	ZIP CODE	Circl	210	24.
]4. F/	ATHER'S NAME	My	PTE Julian	Sha	nodoc	15 MOTHER'S MAIDE	net		WIDDLE		MAS	- Vid	1
14 . 1	WAS DECEASED EVER	INITIC ADAM	D FORCESS	16b. SOCIAL SECUR	RITY NO.	17 INFORMANT	101		ADDRE	55 / /		rVII	1
100. V	YES, NO OR UNKNOWN)	(IF YES, GIVE V		115-18-	1893	0	COVOER	0	50	- /	HE CIN		CTI
	No	<u> </u>		113-10		MINICY DUHR	.0000		(0	lumbi		MATE INTER	VAI VAI
	PART I. DEATH V	VAS CAUSED I	BY:			ESPINA	TO	124	ARR	EST	BETWEEN	ONSET AND	DEATH
			DUE TO, OF	AS A CONSEQUE	NCE OF								
	Conditions, if any		(b)	HM	-								
	gave rise to im- couse (a), statu underlying couse	ng the	DUE TO, OF	AS A CONSEQUE	NCE OF								
	underlying couse	e lost	(c)										
2	PART 2 OTHER SIG	NIFICANT CO	NDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	ETERMIN	AL DISEA	ASE OR CON	DITION GIVE	N IN PART 110	0	
CERTIFICATION													
ICA	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED		20a AU	TOPSY?		WERE FINDING CAUSES		
RTIE								YES [NO	YES		NO [
	OR CONTRIBUTING		21b. TIME OF		Y YEAR	21c. HOW INJURY O	CCURRE	D (ENTER	NATURE OF INJUR	RY IN ITEM 18 PAI	RT I OR PART 2)		
8	(IF EITHER NOTIFY MED		P./	М.	19								
MEDICAL	21d INJURY OCCUR	RRED	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	PAN FIC 1	21f LOCATION STREET			CITY OR TO	WN	COUNTY	5	TATE
2	AT WORK NOT WE	HILE	The state of the	cei, i acrossi, orrice, i a	,								
	22a.1 certify that (I)) (this hospital) ottended the	deceased from O	N 3	1.3 19_	82	_, to		, 1	9	that (l) (v	we) lost
	saw the deceas above, (I) (we) (sed alive on	in the bad	19	, ar	d that in (my) (our) o	pinion dec	oth occur	red on the do	ste and hour	and from the	causes sta	oted
	22h SIGNATURE	ala) (ala har)	new me body	difer deom.		DEGREE					22c. DATE	SIGNED	
	4	· X	ush	1 /L	1)	ATTEND PHYSIC	ING	MEDICA	L STAF	FSCO	3-3	3 -8.	5
	22d. PHYSICIAN'S N	AME TYPE OR P	R(NT)			22e ADDRESS	IAIN []	DIRECTO	K PHISIC	IAN (Z			
	Terri	Ge	15ho	n MI	>	H.C.	5.1	1.	E.K	2			
23a. I	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMAT	ORY		CATION				
13	BURIAL		6 MAR	CHBST J	7-01	OHUS CE	M.	151	LICOTT	CITY	HOW	AKD "	()(M
24. F	UNERAL DIRECTOR		, , , ,		SAX	268 25	a. DATE R	REC'D. BY		25b. REGISTR	AR'S SIGNAT		
(1	NAME I	alman -	-6-000	ADDRESS	70		- NAAT	D in	1000			Bandas	22

DHMH - 16 50M 4/83 (VRA 15, 4)

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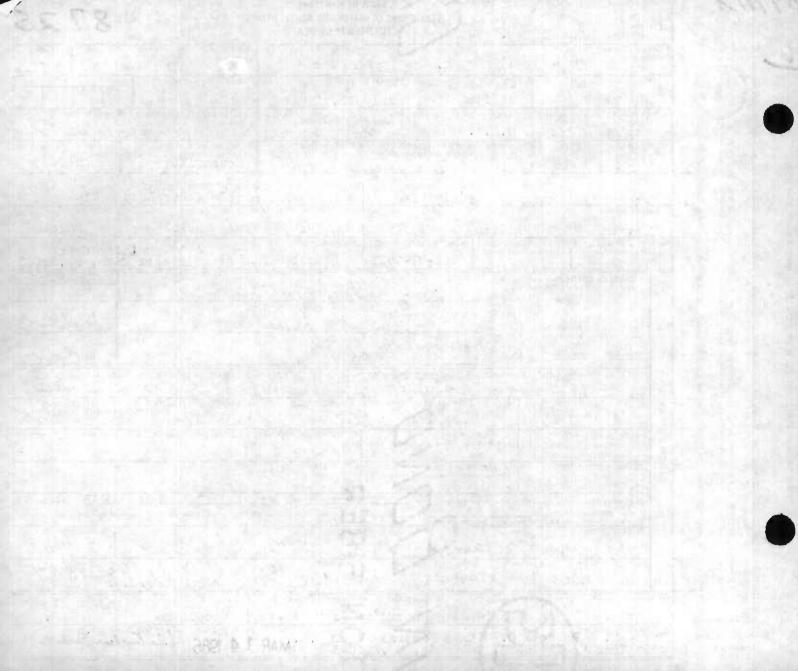
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212	11-	STATE				RTMENT OF H				3	0 0	1	60	da
		REGISTRAR		M		LEXAMINE			E OF DEAT	KEG.				
		CEASED NAME	FIRST		MIDDLE			AST	20.	DATE KNOWN OF ESTI-	X MONTH	DAY	YEAR	26 HOUR
			CYNI		JEAN			HTI		DEATH MATED	□ 3	21	19 85	M
	3 SE	(RACE	S DATE OF BIRT	H Y YEAR	6 AGE (IN YEAR		DER I YR. IF UN	NDER 24 HRS. 20	DATE	HINOM	DAY	YEAR	2d HOUR
ı	Fe	male	Black	June 7,	1962	22 YRS		100	MIN.	DEAD	3	21	1985	6:35 P _M
4	7g. B	RTHPLACE (STA	TE OR	76. CITIZEN OF	WHAT CO	UNTRY?	MARRIE	D NEVER A	ARRIED X 9.	BALTIMORE CITY	OR COUN	ITY OF	HTASC	
Ì	M	ichigan		U.S.	Α.		WIDOWI			loward Co	ounty			MD
l	10 C	TY OR TOWN C	FDEATH	11. NAME OF H	OSPITAL, N	NURSING HOME,	OR OTHE	R INSTITUTION	12a. USUAL	OCCUPATION (TYPE OF WORK	12b KIN	ND OF BU	SINESS
		columbia		Howar	d Co.	. Genera:	l Hos	sp.		ter Aid-	-Inter	nal	Reve	řvice nue
-	USU/	AL RESIDENCE (13b COU	E OR OTHER INSTITUTION		TY OR TOWN		13d. INSIDE CITY LIM						
200		aryland		vard	C	olumbia				Lambski	in Lan	le	2104	5
	JA. F.	ATHER'S NAME		MIDDLE		LAST		15. MOTHER'S A		WIDDLE			LAST	
	1	Richan	d.	George		Smith		Cath	nerine	MIDDLE	11.5	-	Haves	
i	160 \	VAS DECEASED	EVER IN U.S. A	RMED FORCES?	16b. S	OCIAL SECURITY	NO.	17 INFORMANT		ADDRE	:SS			
		No	(# 163, 61	E WAR ON DAILS)	21	4-78-981	8	Cather	ine Katz	Same	as #	13		
		18 CAUSE OF	DEATH (Enter o	only one cause per l	ine for (a),	(b), and (c).)						Al	PPROXIMATE WEEN ONSET	INTERVAL
		PARTIDEA	TH WAS CAUS	ED BY: ATE CAUSE (a)	Seizur	re disord	der					BETV	MEEN ONSET	AND DEATH
		1				ONSEQUENCE O								
			, if ony, which to immedia									1		
			toting the unde		OR AS A CO	ONSEQUENCE OF	F							
		lying cous	: IOST.	(c)_										
		PART 2 OTHER SIGI	IIFICANT CONDITION	IS CONTRIBUTING TO DEA	TH BUT NOT R	ELATED TO THE TERMIN	AL DISEASE	DR CONDITION GIVEN	IN PART I to .					14,111
	CERTIFICATION													
	3	19a. DATE OF	PERATION	19b. CON	DITION FO	R WHICH OPERA	TION WA	S PERFORMED?				20 A	AUTOPSY?	
	1 5				44-14							1	YES 🔀	NO 🗌
)		210. EXTERNAL			OF INJURY		21c HO	W INJURY OCC	URRED LENTER NATI	URE OF INJURY IN ITEM	18 PART 1 OR PA	ART 2)		
)	MEDICAL	CONTRIBUTIN	G CAUSE O		.M.	19								
	AED A	21d. INJURY OF			E OF INJUI		211 LOC	ATION	c	ITY OR TOWN	CC	YTAUC		STATE
	1	AT WORK	AT WORK	U			11/2							0.17.2
		22a. I certify	22e. I certify that I took charge of the remains described above, held on Autopsy XI. Inspection . Inquiry and in my opinion											
	1	death resulted	from: Nat	ural causes X	Acciden	nt . Suici	de .	Homicide		ined manner].			
			M		7			TITLE (SPECIF	Y)		19			
		ACTUAL SIGNATURE_	AIV	4/1	500		M.[Assista	ant	LEXAMINER	DATE	ED 3-	22-85	,
1		EXAMINER'S N	AME 3	/			-	444					1006	
100	1	(TYPE OR PRIN) Au	M. Dixon	, M.D	•	A	DDRESS 111	Penn St	., Balto	., Md.	. 2	1201	
	23a.B	JRIAL, CREMATI	ON, REMOVAL	236 DATE	230	NAME OF CEME		CREMATORY	23d. LOCA	TION	cou	INTY	STA	TE
	Bı	ırial		3/27/85		Woodlaw		emetery	Detr			M	lichia	
	Le	DIVERALDIRECT	Russel	1 C. Wista	ke Fu	neral Ho	omes	P.A. 250 D	ATE REC'D. BY RE	GISTRAR 15h RE	GISTRAR'S	SIGNATI	URE	1g ≪
)	55.	5 Twin	Knolls	Road, Col	umbia	a, Md. 23	1045	IVI/	NT 40 19	00		1		

11118		FOR			DEPAI		E OF MARYLAND EALTH AND MENTAL	HACIENE C	5 8	07	26	
Ψ.	1 -	- STATE REGISTRAR KATHERINE M. THOMAS CERTIFICATE OF DEATH REG. NO.										
A		OR PRINT)	FIRST	1-	MIDDLE	l.	AST	20 DATE O	F DEATH MONTH 3	DATI YEAR 8	b HOUR	
y be		K	ATHE	RINE	M.	7	HOMAS		03 /	FUNDER I YEAR	2 45 AM	
4 (p 4)	3. SE	~	4	4 RACE		5 DATE OF BIRTH MONTH DAY YEAR			6. AGE (IN YEARS LAST BIRTHDAY)		HOURS MIN.	
	7n BI	/ emale	DREIGN 7	Whit	e WHAT COUNTR		23, 1902	82	YRS.	OFDEATH		
15 199	(aryland		U.S.A		MARRIE	NEVER MARRIED DIVORCED		Howar	1 0	15/11	
1/1		TY OR TOWN OF DEA	TH 1	1. NAME OF	HOSPITAL, NUR	SING HOME C	R OTHER INSTITUTION	12a USUAL	OCCUPATION	12b. KIND OF	BUSINESS OR	
11 8/	Co	lumbia M	(b.	Howar	A Corne	1	eral Horosta	- II	ewife	Own Ho	me	
AL	USU. 13a S	AL RESIDENCE (IF NURSII	NG HOME OR O	THER INSTITUTION		OR ADMISSION)	134 INSIDE CITY LIMIT		ADDRESS / ZIP CODE	(1)14111		
Poor		aryland	Howan	rd	Columb	ia	YES NO X	6336	Cedar Lan		4	
2/2/	14. FA	THER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDEN	INAME	MIDDLE	LAST		
180		eorge VAS DECEASED EVER I		Phillip	Mi 166 SOCIAL SE	ller	Ida 17 INFORMANT	100000	Edith		ngels	
medic		ES, NO OR UNKNOWN)		WAR OR DATES)		7-9933	Shirley	Kunkel	4019 McAL Ellicott	City, MC	1.21043	
ent, the		18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSED	BY:	0		t. 2.	fine.		BETWEEN ON	ATE INTERVAL	
tic ev		IMMEDIATE CAUSE (0) Responsibility fluid (1)										
ion, o	-11	Conditions, if ony, which (b)									len/	
ernot er fre		gove rise to imm couse (a), stating	ediate g the	DUE TO, O	R AS A CONSEC	DUENCE OF	0			,	,	
or ath		underlying couse	lost.	(c)_		Sel	> 8-13			40	lang	
o bur	z	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING I		NOT RELATED TO THE	1		4.4	1-	
ony in	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHI	, , , , , , , , , , , , , , , , , , ,	N WAS PERFORMED	200 AUTO	OPSY? 206 IF YES	WERE FINDING		
	TIFIC	3-5-8	5.	m	rymid	90	tu	YES	NO THE YE	YING CAUSES O	NO D	
Hygin 18 sh	CER	21a ACCIDENT WAS UNDE		21b. TIME C	FINJURY M. MONTH	DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NA	TURE OF INJURY IN ITEM 18 P	ART) OR PART ?)		
entol E 2	MEDICAL	OR CONTRIBUTING C	AL EXAMINER)	Ρ.	M.	19						
rked	MED	21d. INJURY OCCURR		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFIC	E, FARM ETC }	211 LOCATION STREET		CITY OR IOWN	COUNTY	STATE	
S mo		220 I certify that (4-)					-20- 19		3-11-	19 <u>85</u> , the	ot++ (we) lost	
n 21	10	saw the decease above, (1) (we) (di	d alive on id) (did noi)	View the body	ofter death.		d that in (my) (our) opin	nion death accurre	ed on the date and hou	ond from the co	uses stated	
Dept	44	226. SIGNATURE	- 4	1110	9/	1	DEGREE ATTENDIN	IG MEDICAL	STAFF	22c DATE SI		
ANT.	2.00	22d. PHYBICIAN'S NA	DE LIVER DE	Yella	wka	LI .	PHYSICIA	N DIRECTOR	PHYSICIAN P	/	1-85	
MPORTA		1	V		TRAN	/	Cole	ulia A	10 210 C	Genera +4	(tospital	
₩ 3 ₹	1	URIAL, CREMATION, E	REMOVAL	236. DATE		R NAME OF C	EMETERY OR CREMATO		ATION OR TOWN	COUNTY	STATE	
_		Burial	136	3/14			e Park Ceme		odlawn		Md.	
OM 4/83	Le	TOYAMEN & RI	ussell	C. Wi	tzke Æu	neral H	omes P.A.	AR 1 4 19	REGISTRAR MAREGIST	RAR'S SIGNATUR		
5, 4)	22	55 Twin Kno	OIIS R	coad, C	olumbia	, Md. 2	1045	711 + I 12 13	000			



Test income (word) Cutonaville: Td. 21220

085008	1 -	Film G603 : state 5/8/8; registrar	item 1 5 rja	.5 a	DEPARTM	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. N		8	127
03:4		OR PRINT)	FIRST		AIDDLE	11/0	Ik in	3-15-8	Y . YEAR 26 HOUR		
PK	Female 1			Virgi RACE	nia	5. DATE C		6. AGE (IN YEARS LAST BIR	UNDER I YEAR IF UNDER 24 HRS		
and				Black			-06 1909		75 YRS.		
1 12 25				CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH HOWA - D County			MD.
ofter d	10 CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		ROTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Homemake	F WORKING LIFE)	12b. KIND C INDUSTRY	F BUSINESS OR
24 hours	13a S	AL RESIDENCE (IF NURSI STATE aryland	ng home or c 13b. COUN		GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Columbi		138: INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / Columbia,	ZIP CODE 5	006 He	sperus D
mpletely ond 2 sh	_	THER'S NAME FIRST Charles	М	IDDLE	watkin		15. MOTHER'S MAIDEN NA.	ME MIDDLE E		Jens,	en Son-
ond co	0 70 0			(IF YES, GIVE WAR OR DATES)		SOCIAL SECURITY NO. 17 INFORMANT 3-30-0268 Patricia		5006 ^A 销售 wn Columbi	-	s Drive ryland 21044	
that the death certificate by the attending physicial ease remove carbon papers. b), cremation, or removal. r other traumatic event, the		18 CAUSE OF DEATI PART I. DEATH W Canditians, if any, gave rise to imm cause (a), statin underlying cause	AS CAUSED IMMEDIATE which nediate g the	DUE TO, O	Stron RASACONSEQUE	Ke ENCE OF 1401				APPROX BETWEEN	MATÉ INTERVAL ONSET AND DEATH
equires n signed Then plum r to burn injury, o	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN COMPRESSION NOW + Fliction									
he low r on hos bee t permit.	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	NGS USED OF DEATH?
CIAN: T physici prtrincote ol-tronsi atol Hygi	_	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
G PHYSII offending er this ce is the burn and Mer	MEDICAL	21d INJURY OCCURE	RED	21e. PLACE			211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
or or see os		22a L certify that (I)		al) attended th	e deceased fram_		12 19 7	4 to 1111	/	35	that (I) (we) last

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

24 NUTE LETRE & Sons

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Burial

22b. SIGNATURE

(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL 23b DATE 3/18/1985

saw the deceased alive an abave, (I) (we) (did) (did nat) view the body after death.

23c. NAME OF CEMETERY OR CREMATORY Crest Lawn Cemetery

DEGREE

22e ADDRESS

23 LOCATION CITY OR TOWN

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

Howard Co.,

22c. DATE SIGNED

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE OF

2501 Gwynns Falls Parkway Funeral Home, Inc. Baltimere, Maryland 21216

antesta Johnson

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some inc. 1 to a little . Mary and 21216